

# MULTIPLE DEPENDENT LAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3		2				
4	1					
5						
6		2				
7		2				
8		0				
9	1					
10	1					
11		1				
12		2				
13		0				
14	1					
15	1					
16	1					
17		3				
18		3				
19	1					
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21	1					
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50						
TOTAL IND.	11					
TOTAL DEP.	9					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						